

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489625		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2012		
Mailing Address 10550 Barkley			Amount <span style="border: 1px solid black; padding: 2px;">1050.00</span>		
City Overland Park		State KS	Zip Code 66212		Transaction ID : SE.8516
Purpose of Expenditure Radio ad buy		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9627.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"></span>		
City		State	Zip Code		
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:				Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<p>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... <span style="border: 1px solid black; padding: 2px;">1050.00</span></p> <p>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... <span style="border: 1px solid black; padding: 2px;"></span></p> <p>(c) <b>TOTAL</b> Independent Expenditures..... <span style="border: 1px solid black; padding: 2px;">1050.00</span></p>					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Paul Tripodi</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2012</p>					